

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Massachusetts Republican State Congressional Committee

ADDRESS (number and street) 85 Merrimac Street, Suite 400
 Check if different than previously reported. (ACC)
Boston MA 02114

2. **FEC IDENTIFICATION NUMBER** C00042622
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 07 09 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">11950.90</td></tr></table>	11950.90
Y	Y	Y	Y									
2	0	0	7									
11950.90												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">1744.96</td></tr></table>	1744.96										
1744.96												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">57352.00</td></tr></table>	57352.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">350159.26</td></tr></table>	350159.26								
57352.00												
350159.26												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">59096.96</td></tr></table>	59096.96	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">362110.16</td></tr></table>	362110.16								
59096.96												
362110.16												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">51394.61</td></tr></table>	51394.61	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">354407.81</td></tr></table>	354407.81								
51394.61												
354407.81												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">7702.35</td></tr></table>	7702.35	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">7702.35</td></tr></table>	7702.35								
7702.35												
7702.35												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	50550.00	239845.00
(i) Itemized (use Schedule A)	1747.00	89443.17
(ii) Unitemized	52297.00	329288.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees	5055.00	16851.73
(c) Other Political Committees (such as PACs)	57352.00	346139.90
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2256.14
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1763.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57352.00	350159.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57352.00	350159.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	33909.09	240837.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33909.09	240837.33
22. Transfers to Affiliated/Other Party Committees.....	5000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	12485.52	93570.48
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	12485.52	93570.48
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	51394.61	354407.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	51394.61	354407.81

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	57352.00	346139.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57352.00	346139.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33909.09	240837.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2256.14
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33909.09	238581.19

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26		
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. AstraZeneca PAC		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address Gerard Levesque 1800 Concord Pike		Transaction ID: 70706.C165813
City Wilmington	State DE	Zip Code 19850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC ID: C00279455	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Michael Divito		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 610 Main Street		Transaction ID: 70706.C165814
City Brewster	State MA	Zip Code 02631-1035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) C. Patricia Cuddemi		Date of Receipt MM / DD / YYYY 06 / 04 / 2007
Mailing Address 12 Centennial Ave.		Transaction ID: 70613.C165764
City Saugus	State MA	Zip Code 01906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

SUBTOTAL of Receipts This Page (optional)	5055.00
TOTAL This Period (last page this line number only)	5055.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Jack Barron

Mailing Address 11 Sadie Hutt Lane

City State Zip Code
Southborough MA 01772

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Primarque Products Co. Sales Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2007

Transaction ID: 70613.C165778

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Martin Begien

Mailing Address 407 Warren Street

City State Zip Code
Brookline MA 02445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2007

Transaction ID: 70613.C165779

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Connaughton

Mailing Address 170 Otis St.

City State Zip Code
Newton MA 02465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bain Capital Investment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2007

Transaction ID: 70613.C165797

Amount of Each Receipt this Period
15000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	16500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
John Connaughton

Mailing Address 170 Otis St.

City State Zip Code
Newton MA 02465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bain Capital Investment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2007

Transaction ID: 70706.C165819

Amount of Each Receipt this Period
-5000.00

Memo
[MEMO ITEM]
J. Connaughton, transfer of excess contribution from fed to

B. Full Name (Last, First, Middle Initial)
Theodore Benard Cutler

Mailing Address 33 Commonwealth Ave.

City State Zip Code
Boston MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Interface Group Travel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2007

Transaction ID: 70613.C165780

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Arnold Garrison

Mailing Address 181 Pine Ridge Rd.

City State Zip Code
Newton MA 02468

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2007

Transaction ID: 70613.C165787

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
George Hoguet

Mailing Address 17 Chesam Rd.

City State Zip Code
Brookline MA 02146

FEC ID number of contributing federal political committee. **C**

Name of Employer
State Street Global Advisors
Occupation
Portfolio Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: 70613.C165774

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Jake Jacobson

Mailing Address 16 Highland Ave.

City State Zip Code
Cambridge MA 02139

FEC ID number of contributing federal political committee. **C**

Name of Employer
Jacobson Group LP
Occupation
investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: 70613.C165758

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Kaufman

Mailing Address 401 Sixth Street, SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer
The Dutko Group
Occupation
Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: 70613.C165769

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Caleb Loring

Mailing Address P.O. Box 235

City State Zip Code
Prides Crossing MA 01965

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2007

Transaction ID: 70613.C165796

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Loucks

Mailing Address 100 Fulton Street #5V

City State Zip Code
Boston MA 02109

FEC ID number of contributing federal political committee. **C**

Name of Employer Department of Justice Occupation Federal Prosecutor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2007

Transaction ID: 70706.C165808

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert Maginn

Mailing Address 90 Raymond Street

City State Zip Code
Cambridge MA 02140

FEC ID number of contributing federal political committee. **C**

Name of Employer Jenzabar Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: 70613.C165756

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Frederick Muzi

Mailing Address 10 Powisset St.

City State Zip Code
Dover MA 02030

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: 70614.C165800

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Rodger Nordblom

Mailing Address 200 Barnes Hill Rd.

City State Zip Code
Concord MA 01742

FEC ID number of contributing federal political committee. **C**

Name of Employer Nordblom Company Occupation Real Estate Develop.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: 70706.C165809

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ann Romney

Mailing Address 171 Marsh St.

City State Zip Code
Belmont MA 02478

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation At home

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2007

Transaction ID: 70613.C165795

Amount of Each Receipt this Period
10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	16000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 26	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Mimi Sundstrom

Mailing Address 66 Allerton Rd.

City	State	Zip Code
Milton	MA	02186

FEC ID number of contributing federal political committee. **C**

Name of Employer Student	Occupation Student
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	7

Transaction ID: 70613.C165775

Amount of Each Receipt this Period
750.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	50550.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. Cambridge Offset Printing		Transaction ID: 70618.E9814 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 56 Creighton Street		Amount of Each Disbursement this Period 1462.13
City Cambridge State MA Zip Code 02140-	PRINTING	
Purpose of Disbursement PRINTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Css Castle Self-Storage		Transaction ID: 70618.E9815 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 39 Old Colony Ave.		Amount of Each Disbursement this Period 349.00
City Boston State MA Zip Code 02127-	STORAGE	
Purpose of Disbursement STORAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Conference Call Conference Call.		Transaction ID: 70618.E9816 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1445 MacArthur Dr. Suite 214		Amount of Each Disbursement this Period 147.89
City Carrollton State TX Zip Code 75007-	CONFERENCE CALLS	
Purpose of Disbursement CONFERENCE CALLS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1959.02
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. Crowne Plaza Natick		Transaction ID: 70706.E9830 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 1360 Worcester Rd.		Amount of Each Disbursement this Period 380.12
City Natick State MA Zip Code 01760-	Purpose of Disbursement ROMM RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ROMM RENTAL

Full Name (Last, First, Middle Initial) B. Hui Jojo Deng		Transaction ID: 70618.E9818 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 117 Beaconsfield Road		Amount of Each Disbursement this Period 495.00
City Brookline State MA Zip Code 02445-	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING SERVICES

Full Name (Last, First, Middle Initial) C. DirecTV DirecTV		Transaction ID: 70706.E9823 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address PO Box 60036		Amount of Each Disbursement this Period 144.90
City Los Angeles State CA Zip Code 90060-0036	Purpose of Disbursement CABLE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CABLE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	1020.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Kirk Dobson Full Name (Last, First, Middle Initial) Mailing Address 1209 Boylston St. City Boston State MA Zip Code 02215-		Transaction ID: 70706.E9829 Date of Disbursement 06 / 18 / 2007 Amount of Each Disbursement this Period 350.00
Purpose of Disbursement REIMBURSEMENT FOR FOOD AND TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REIMBURSEMENT FOR FOOD AND TRAVEL

B. Garage Government Center Full Name (Last, First, Middle Initial) Mailing Address 50 New Sudbury Street City Boston State MA Zip Code 02114-		Transaction ID: 70706.E9824 Date of Disbursement 06 / 18 / 2007 Amount of Each Disbursement this Period 1280.00
Purpose of Disbursement PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PARKING

C. Guardian Guardian Full Name (Last, First, Middle Initial) Mailing Address Boston Group Office 1 Liberty Square City Boston State MA Zip Code 02109-		Transaction ID: 70613.E9772 Date of Disbursement 06 / 01 / 2007 Amount of Each Disbursement this Period 258.15
Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶	1888.15
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. The Hampshire House		Transaction ID: 70706.E9825 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 84 Beacon St.		Amount of Each Disbursement this Period 1493.69
City Boston State MA Zip Code 02108-	EVENT CATERING	
Purpose of Disbursement EVENT CATERING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bruce Harrison		Transaction ID: 70618.E9810 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 1000.00
City Wakefield State MA Zip Code 01880-	PAYROLL - ADMINISTRATION SERVICE	
Purpose of Disbursement PAYROLL - ADMINISTRATION SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bruce Harrison		Transaction ID: 70618.E9811 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 20.00
City Wakefield State MA Zip Code 01880-	REIMBURSEMENT FOR TRAVEL	
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2513.69
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal		Transaction ID: 70618.E9817 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1200 Crown Colony Dr.		Amount of Each Disbursement this Period 1849.23
City Quincy State MA Zip Code 02169-	Purpose of Disbursement HEALLTH INSURANCE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	HEALLTH INSURANCE

B. Full Name (Last, First, Middle Initial) Lyndsay Jones		Transaction ID: 70618.E9813 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 95 West Squantum St. #605		Amount of Each Disbursement this Period 100.00
City North Quincy State MA Zip Code 02171-	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR TRAVEL

C. Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.		Transaction ID: 70706.E9826 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address PO Box 200105		Amount of Each Disbursement this Period 1596.00
City Pittsburgh State PA Zip Code 15251-	Purpose of Disbursement COMPUTER NETWORK SYSTEM	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER NETWORK SYSTEM

SUBTOTAL of Disbursements This Page (optional) ▶	3545.23
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. NBM Northern Business		Transaction ID: 70706.E9831 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 24 Terry Avenue		Amount of Each Disbursement this Period 400.93
City Burlington State MA Zip Code 01803-	Amount of Each Disbursement this Period 400.93 COPY MACHINE SERVICES	
Purpose of Disbursement COPY MACHINE SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Communication Inc OBrien		Transaction ID: 70706.E9827 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address PO Box 659		Amount of Each Disbursement this Period 375.00
City Wrentham State MA Zip Code 02093-	Amount of Each Disbursement this Period 375.00 PHONE SYSTEM	
Purpose of Disbursement PHONE SYSTEM		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Ox-Eye Properties		Transaction ID: 70618.E9819 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 6232.22
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period 6232.22 RENT AND UTILITIES	
Purpose of Disbursement RENT AND UTILITIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7008.15
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. Ox-Eye Properties		Transaction ID: 70709.E9845 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 3695.00
City Boston State MA Zip Code 02114-		
Purpose of Disbursement RENT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex/InterPay		Transaction ID: 70613.E9779 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 207.24
City Boston State MA Zip Code 02266-		
Purpose of Disbursement PAYROLL SERVICE CHARGE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex/InterPay		Transaction ID: 70618.E9799 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 4083.10
City Boston State MA Zip Code 02266-		
Purpose of Disbursement PAYROLL-TAXES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7985.34
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. Paychex/InterPay		Transaction ID: 70618.E9800 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 150.00
City Boston State MA Zip Code 02266-	Purpose of Disbursement PAYROLL SERVICE-401 K Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICE-401 K

Full Name (Last, First, Middle Initial) B. Paychex/InterPay		Transaction ID: 70706.E9839 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 4083.10
City Boston State MA Zip Code 02266-	Purpose of Disbursement PAYROLL-TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL-TAXES

Full Name (Last, First, Middle Initial) C. Boston Postmaster		Transaction ID: 70618.E9820 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address JW MCCORMACK STATION New Chardon Street		Amount of Each Disbursement this Period 820.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement POSTAGE-GENERAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE-GENERAL

SUBTOTAL of Disbursements This Page (optional) ▶	5053.10
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. SCM Associates		Transaction ID: 70706.E9828 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address Steve Meyers PO Box 720		Amount of Each Disbursement this Period 2547.47
City Jaffrey State NH Zip Code 03452-	Category/ Type DIRECT MAIL AND TELEMARKE- TING	
Purpose of Disbursement DIRECT MAIL AND TELEMARKETING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples, Inc.		Transaction ID: 70618.E9821 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Staples Credit Plan Dept. 80 - 0088936796		Amount of Each Disbursement this Period 243.89
City Des Moines State IA Zip Code 50368-9020	Category/ Type OFFICE SUPPLIES	
Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Peter Torkildsen		Transaction ID: 70706.E9832 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 1 Stony Brook Road		Amount of Each Disbursement this Period 115.99
City Chelmsford State MA Zip Code 01863-	Category/ Type REIMBURSEMENT FOR FLOWERS	
Purpose of Disbursement REIMBURSEMENT FOR FLOWERS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2907.35
TOTAL This Period (last page this line number only) ▶	33880.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
J. CONNAUGHTON TRANSFER OF EXCESS CONTR

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70706.E9833

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. Kirk Dobson		Transaction ID: 70618.E9794 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 1209 Boylston St.		Amount of Each Disbursement this Period 463.43
City Boston State MA Zip Code 02215-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kirk Dobson		Transaction ID: 70706.E9835 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 1209 Boylston St.		Amount of Each Disbursement this Period 463.43
City Boston State MA Zip Code 02215-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brian Dodge		Transaction ID: 70618.E9795 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 10 Parker Road		Amount of Each Disbursement this Period 2024.31
City Groveland State MA Zip Code 01834-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2951.17
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) A. Brian Dodge		Transaction ID: 70706.E9836 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 10 Parker Road		Amount of Each Disbursement this Period 2024.31
City Groveland State MA Zip Code 01834-	Category/ Type PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lyndsay Jones		Transaction ID: 70618.E9796 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 95 West Squantum St. #605		Amount of Each Disbursement this Period 1236.59
City North Quincy State MA Zip Code 02171-	Category/ Type PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lyndsay Jones		Transaction ID: 70706.E9837 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 95 West Squantum St. #605		Amount of Each Disbursement this Period 1236.59
City North Quincy State MA Zip Code 02171-	Category/ Type PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4497.49
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Peter Torkildsen Full Name (Last, First, Middle Initial) Mailing Address 1 Stony Brook Road City Chelmsford State MA Zip Code 01863- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70618.E9797 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 2563.68 Category/Type PAYROLL
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B. Robert Willington Full Name (Last, First, Middle Initial) Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70618.E9798 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 1236.59 Category/Type PAYROLL
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C. Robert Willington Full Name (Last, First, Middle Initial) Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70706.E9838 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 1236.59 Category/Type PAYROLL
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SUBTOTAL of Disbursements This Page (optional)	5036.86
TOTAL This Period (last page this line number only)	12485.52

Image# 27930872797

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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